

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL				
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Immordino Jonathan	Statemen	Statement (Month/Day/Year) 04/08/2019		Rennova Health, Inc. [RNVA]				
(Last) (First) (Middle) 400 SOUTH AUSTRALIAN AVE.,, 8T FLOOR	1			4. Relationship of Issuer (Check	Reporting Person all applicable)	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) WEST PALM BEACH, FL 33401				X_ Officer (give tit	X Officer (give title Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	·	*		4. Nature of Indire (Instr. 5)	Nature of Indirect Beneficial Ownership str. 5)			
Reminder: Report on a separate line for each class Persons who respounless the form dis Table II - Derivati	nd to the c plays a cur	ollection or rently vali	of informa id OMB co	tion contained in t		·		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		cisable on Date	3. Title and Amount of Securities Underlying De Security (Instr. 4)		4. Conversion	5. Ownership Form of Derivative Security: Direct	Nature of Indirect Beneficial wnership nstr. 5)	
	Date Exercisable	Expiration Date	Title Amo	ount or Number of	Security	(D) or Indirect (I) (Instr. 5)		
D 4' 0								

Reporting Owners

	Relationships			
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
Immordino Jonathan 400 SOUTH AUSTRALIAN AVE., 8TH FLOOR WEST PALM BEACH, FL 33401			Chief Financial Officer	

Signatures

/s/ Jonathan Immordino	04/15/2019
**Signature of Reporting Person	Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C.

** 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.